

# **EXHIBIT D**



**Federal Deposit Insurance Corporation**

600 North Pearl Street, Suite 700, Dallas, TX 75201

Division of Resolutions and Receiverships

**June 01, 2023**

SENT VIA UPS

**CITY OF WARREN POLICE AND FIRE RETIREMENT SYSTEM  
C/O SAMUEL H. RUDMAN, DAVID A. ROSENFELD  
ROBBINS GELLER RUDMAN & DOWD, LLP  
58 SOUTH SERVICE ROAD - SUITE 200  
MELVILLE, NY 11747**

**SUBJECT: 10540 – Signature Bank  
New York, NY – In Receivership  
Closing Date: March 12, 2023  
Claims Bar Date: July 17, 2023**

**NOTICE TO DISCOVERED CLAIMANT TO PRESENT PROOF OF CLAIM**

Dear Claimant:

On March 12, 2023 (the "Closing Date"), the **New York State Department of Financial Services** closed Signature Bank (the "Failed Institution") and appointed the Federal Deposit Insurance Corporation ("FDIC") as Receiver (the "Receiver").

The Receiver has discovered that you may have a claim against the Failed Institution. If you do not have a claim against the Failed Institution, please disregard this notice.

**Published Notice/Claims Bar Date:** The Receiver has published a notice in one or more newspapers stating that the Failed Institution was closed and that any claims against the Failed Institution must be filed **on or before July 17, 2023** (the "Claims Bar Date").

**How to File Your Claim:** In order for the Receiver to consider your claim you must submit the properly completed Proof of Claim Form along with the supporting documentation to the Receiver by the Claims Bar Date. You may submit your claim on-line, by mail, or by fax.

Please visit <https://resolutions.fdic.gov/claimsportal/s/> to file a claim online and for other helpful services you can perform electronically. When possible, it is recommended that claims be submitted to the FDIC on-line.

If you choose to file your claim via the mail, it is recommended that you send it by U.S. certified mail or a commercial delivery service that can provide you with a receipt of delivery.

To fax a claim you should contact a claims agent at the telephone number listed at the bottom of this letter to obtain a fax number.

**Your claim must be filed with the Receiver on or before the Claims Bar Date.**

**Filing After the Claims Bar Date:** Failure to file your claim on or before the Claims Bar Date will result in disallowance by the Receiver and the disallowance will be final. 12 U.S.C. 1821(d)(5)(C)(i).

**Time for Receiver to Determine Your Claim:** The Receiver has 180 days from the date it receives your claim to determine whether to allow or to disallow your claim.

**If Your Claim is Disallowed or You Do Not Receive a Timely Notice of Disallowance:** Pursuant to 12 U.S.C. Section 1821(d)(6), if the Receiver notifies you of the disallowance of your claim or if you do not receive a notice of disallowance on or before the end of the 180-day period, you have the right to file a lawsuit on your claim (or continue any lawsuit commenced before the appointment of the Receiver). Your lawsuit must be filed within 60 days after the date of the notice of disallowance by the Receiver OR within 60 days after the end of the 180-day period, **whichever is earlier**. You must file your lawsuit either in the United States District (or Territorial) Court for the District where the Failed Institution's principal place of business was located or in the United States District Court for the District of Columbia. The Receiver will not consent or agree to further administrative review of your disallowed claim. 12 U.S.C. 1821(d)(7)(A).

**Lawsuits:** If you do not file a lawsuit (or continue any lawsuit commenced before the appointment of the Receiver) before the end of the 60-day period, the disallowance of your claim will be final and you will have no further rights or remedies with respect to your claim. 12 U.S.C. Section 1821(d)(6)(B)(ii).

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**Note to Class Claimants:** By law, the Receiver will not accept a claim filed on behalf of a proposed class of individuals or entities or a class of individuals or entities certified by a court. EACH individual or entity must file a separate claim with the Receiver.

If you have any questions about this letter, please contact an FDIC Claims Agent at (972) 761-8677 or refer to the FDIC's website at [www.fdic.gov](http://www.fdic.gov).

FEDERAL DEPOSIT INSURANCE CORPORATION,  
AS RECEIVER FOR Signature Bank

Enclosures: Proof of Claim Form, Instructions

**CC:**

**Danielle S. Myers, Michael Albert; Robbins Geller Rudman & Dowd, LLP; 655 West Broadway - Suite 1900; San Diego CA 92101-8498**

## Instructions for filing Form FDIC 7200/19, Proof of Claim, and Supporting Documentation

**INSTRUCTIONS:** The following fields **MUST** be completed in order for your Proof of Claim (POC) to be considered. (The numbers correspond with those located on the Proof of Claim.)

1. **SSN/TAX ID NO.** The Claimant's tax identification number (if a company) or his/her Social Security Number (if an individual).
2. **NAME OF PERSON COMPLETING THE PROOF OF CLAIM.** Self-explanatory.
3. **NAME OF THE CLAIMANT.** This is the person or entity actually making the claim. This may be you or another person or entity on whose behalf you are authorized to file the claim.
4. **AMOUNT OF CLAIM.** The dollar amount of the claim.
5. **DESCRIPTION OF CLAIM.** Detailed description of what is being claimed (e.g., the invoice number, type of service being claimed, account number, etc.). Additional information may be attached.
6. **SIGNATURE.** The signature of the person completing the POC. Include your title if you are filing this POC on behalf of the Claimant.
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### **REQUIRED SUPPORTING DOCUMENTATION**

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- Other Types of Claims: You must enclose a copy of documents that substantiate the nature and amount of the claim. While you may enclose a copy of the complaint that you filed with a court, this alone is not sufficient to establish your claim.

### **SUBMITTING YOUR CLAIM**

There are three ways to submit your claim:

- Please visit <https://resolutions.fdic.gov/claimsportal/s/> to file a claim online and for other helpful services you can perform electronically. Submitting your claim via the FDIC web site is convenient, secure, and inexpensive, and will also help to expedite the handling of your claim
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**NOTE:** If you choose to file by mail, it is very important that the Proof of Claim be the top document of your mailing. The bar code allows for the automated creation of your claim file when the Proof of Claim is read or scanned into our system. There is no need for a cover letter.

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**Federal Deposit Insurance Corporation**

600 North Pearl Street, Suite 700, Dallas, TX 75201

Division of Resolutions and Receiverships

**June 01, 2023**

SENT VIA UPS

**SJUNDE AP-FONDEN  
C/O GERALD H. SILK, AVI JOSEFSON, SCOTT R. FOGLIETA  
BERNSTEIN LITOWITZ BERGER & GROSSMANN LLP  
1251 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020**

**SUBJECT: 10540 – Signature Bank  
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Closing Date: March 12, 2023  
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FEDERAL DEPOSIT INSURANCE CORPORATION,  
AS RECEIVER FOR Signature Bank

Enclosures: Proof of Claim Form, Instructions

**CC:**

**Naumon A. Amjed, Darren J. Check, Ryan T. Degnan; Kessler Topaz Meltzer & Check LLP; 280 King of Prussia Road; Radnor, PA 19087**

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**INSTRUCTIONS:** The following fields **MUST** be completed in order for your Proof of Claim (POC) to be considered. (The numbers correspond with those located on the Proof of Claim.)

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4. **AMOUNT OF CLAIM.** The dollar amount of the claim.
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6. **SIGNATURE.** The signature of the person completing the POC. Include your title if you are filing this POC on behalf of the Claimant.
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Page down to access form FDIC 7200/19



Claimant ID: Redacted ; Barcode Value: Redacted

Fund: 10540

**Federal Deposit Insurance Corporation  
as Receiver for  
Signature Bank, New York, NY**

**PROOF OF CLAIM**

1. SSN/Tax ID No. \_\_\_\_\_

2. The undersigned \_\_\_\_\_  
(Name of person completing the Proof of Claim)

hereby states that the subject Financial Institution, now in liquidation ("Failed Institution"), is indebted

3. to \_\_\_\_\_ (the "Claimant") in the sum of  
(Name of Claimant)

4. \$ \_\_\_\_\_

5. Description of Claim

--

The undersigned further states that no part of said debt has been paid, that the Claimant has given no endorsement or assignment of the same or any part thereof, and that there is no set-off or counterclaim, or other legal or equitable defense to said claim or any part thereof.

6. NAME \_\_\_\_\_ 7. DATE \_\_\_\_\_  
(Name, Title, and Signature of person completing the Proof of Claim )8. FIRM \_\_\_\_\_  
(if applicable)9. ADDRESS \_\_\_\_\_  
( City, State, and ZIP Code)

10. TELEPHONE NUMBER(S) \_\_\_\_\_

The penalty for knowingly making or inviting reliance on a false, forged, or counterfeit statement, document, or thing for the purpose of influencing in any way the action of the Federal Deposit Insurance Corporation is a fine of not more than \$1,000,000 or imprisonment for not more than 30 years or both (18 U.S.C. Section 1007).

**IMPORTANT NOTE:** The bar code at the top of this Proof of Claim is unique to this claim and may not be re-used for other claims which you may have or by other potential claimants. If you have other unrelated claims, you must file a separate Proof of Claim with its own unique bar code. Additional Proof of Claim forms may be found on the FDIC web site or obtained by mail at the respective addresses indicated in the Instructions. Re-use of this Proof of Claim may result in processing delays or the rejection of your claim.

**PRIVACY ACT STATEMENT**

The FDIC is authorized to request this information from you by 12 U.S.C. § 1819, 1821, and Executive Order 9397. The purpose for collecting the information is to support the administration of claims against the failed financial institution. Furnishing the requested information is voluntary, but failure to provide the requested information in whole or in part may delay or prohibit the processing of your claim. The information provided by individuals is protected by the Privacy Act, 5 USC 552(a). The information may be furnished to third parties as authorized by law or used according to any of the routine uses described in the FDIC Insured Financial Institution Liquidation Records (30-64-0013) System of Records. This System of Records is available for review at [www.fdic.gov/regulations/laws/rules/2000-4050.html#200030--64-0013](http://www.fdic.gov/regulations/laws/rules/2000-4050.html#200030--64-0013). If you have questions or concerns about the collection or use of the information, you may contact the FDIC's Chief Privacy Officer at [Privacy@fdic.gov](mailto:Privacy@fdic.gov).



**Federal Deposit Insurance Corporation**

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Division of Resolutions and Receiverships

**June 01, 2023**

SENT VIA UPS

**MACOMB COUNTY EMPLOYEES' RETIREMENT SYSTEM  
C/O SAMUEL H. RUDMAN, DAVID A. ROSENFELD  
ROBBINS GELLER RUDMAN & DOWD, LLP  
58 SOUTH SERVICE ROAD - SUITE 200  
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**June 01, 2023**

SENT VIA UPS

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM OF MISSISSIPPI  
C/O JEREMY A. LIEBERMAN, EMMA GILMORE,  
J. ALEXANDER HOOD II, THOMAS H. PRZBYLOWSKI POMERANTZ LLP  
600 THIRD AVENUE - 20TH FLOOR  
NEW YORK, NY 10016**

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**Insured Deposit Claims:** Claims for insured deposits are claims against FDIC in its corporate capacity as deposit insurer - not against the Receiver. If any portion of your claim is for an insured deposit, your rights differ from the rights described in the preceding paragraphs. An insured depositor's rights are set forth in 12 U.S.C. Section 1821(f). Please contact a claims agent at the below phone number for deposit claims inquiries.

**Note to Class Claimants:** By law, the Receiver will not accept a claim filed on behalf of a proposed class of individuals or entities or a class of individuals or entities certified by a court. EACH individual or entity must file a separate claim with the Receiver.

If you have any questions about this letter, please contact an FDIC Claims Agent at (972) 761-8677 or refer to the FDIC's website at [www.fdic.gov](http://www.fdic.gov).

FEDERAL DEPOSIT INSURANCE CORPORATION,  
AS RECEIVER FOR Signature Bank

Enclosures: Proof of Claim Form, Instructions

## Instructions for filing Form FDIC 7200/19, Proof of Claim, and Supporting Documentation

**INSTRUCTIONS:** The following fields **MUST** be completed in order for your Proof of Claim (POC) to be considered. (The numbers correspond with those located on the Proof of Claim.)

1. **SSN/TAX ID NO.** The Claimant's tax identification number (if a company) or his/her Social Security Number (if an individual).
2. **NAME OF PERSON COMPLETING THE PROOF OF CLAIM.** Self-explanatory.
3. **NAME OF THE CLAIMANT.** This is the person or entity actually making the claim. This may be you or another person or entity on whose behalf you are authorized to file the claim.
4. **AMOUNT OF CLAIM.** The dollar amount of the claim.
5. **DESCRIPTION OF CLAIM.** Detailed description of what is being claimed (e.g., the invoice number, type of service being claimed, account number, etc.). Additional information may be attached.
6. **SIGNATURE.** The signature of the person completing the POC. Include your title if you are filing this POC on behalf of the Claimant.
7. **DATE.** Date the form is signed.
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9. **ADDRESS.** The address (including City, State, and ZIP code) of the individual completing this POC.
10. **TELEPHONE NUMBERS.** Telephone number of the individual completing this POC.

### **REQUIRED SUPPORTING DOCUMENTATION**

- **Claims for Goods Purchased by the Failed Institution:** You must enclose a copy of the purchase order or other correspondence from the Failed Institution requesting the goods, a copy of your invoice, and a receipt signed by the Failed Institution (or other evidence) indicating that the goods were received.
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- **Other Types of Claims:** You must enclose a copy of documents that substantiate the nature and amount of the claim. While you may enclose a copy of the complaint that you filed with a court, this alone is not sufficient to establish your claim.

### **SUBMITTING YOUR CLAIM**

There are three ways to submit your claim:

- Please visit <https://resolutions.fdic.gov/claimsportal/s/> to file a claim online and for other helpful services you can perform electronically. Submitting your claim via the FDIC web site is convenient, secure, and inexpensive, and will also help to expedite the handling of your claim
- Fax by calling a claims agent using the phone number in the enclosed letter.
- Via mail to the following address: **600 North Pearl Street, Suite 700, Dallas, TX 75201** If you choose this option, we recommend you send it by U.S. certified mail or a commercial service that can provide you with a receipt of delivery. **Please do not send originals.**

**NOTE:** If you choose to file by mail, it is very important that the Proof of Claim be the top document of your mailing. The bar code allows for the automated creation of your claim file when the Proof of Claim is read or scanned into our system. There is no need for a cover letter.

Page down to access form FDIC 7200/19







**Federal Deposit Insurance Corporation**

600 North Pearl Street, Suite 700, Dallas, TX 75201

Division of Resolutions and Receiverships

**June 01, 2023**

SENT VIA UPS

**JOHN ROMANO  
C/O JOHUA M. RUBIN, MARK DAVID SMILOW  
WEISS LAW  
305 BROADWAY - 7TH FLOOR  
NEW YORK, NY 10007**

**SUBJECT: 10540 – Signature Bank  
New York, NY – In Receivership  
Closing Date: March 12, 2023  
Claims Bar Date: July 17, 2023**

**NOTICE TO DISCOVERED CLAIMANT TO PRESENT PROOF OF CLAIM**

Dear Claimant:

On March 12, 2023 (the "Closing Date"), the **New York State Department of Financial Services** closed Signature Bank (the "Failed Institution") and appointed the Federal Deposit Insurance Corporation ("FDIC") as Receiver (the "Receiver").

The Receiver has discovered that you may have a claim against the Failed Institution. If you do not have a claim against the Failed Institution, please disregard this notice.

**Published Notice/Claims Bar Date:** The Receiver has published a notice in one or more newspapers stating that the Failed Institution was closed and that any claims against the Failed Institution must be filed **on or before July 17, 2023** (the "Claims Bar Date").

**How to File Your Claim:** In order for the Receiver to consider your claim you must submit the properly completed Proof of Claim Form along with the supporting documentation to the Receiver by the Claims Bar Date. You may submit your claim on-line, by mail, or by fax.

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If you choose to file your claim via the mail, it is recommended that you send it by U.S. certified mail or a commercial delivery service that can provide you with a receipt of delivery.

To fax a claim you should contact a claims agent at the telephone number listed at the bottom of this letter to obtain a fax number.

**Your claim must be filed with the Receiver on or before the Claims Bar Date.**

**Filing After the Claims Bar Date:** Failure to file your claim on or before the Claims Bar Date will result in disallowance by the Receiver and the disallowance will be final. 12 U.S.C. 1821(d)(5)(C)(i).

**Time for Receiver to Determine Your Claim:** The Receiver has 180 days from the date it receives your claim to determine whether to allow or to disallow your claim.

**If Your Claim is Disallowed or You Do Not Receive a Timely Notice of Disallowance:** Pursuant to 12 U.S.C. Section 1821(d)(6), if the Receiver notifies you of the disallowance of your claim or if you do not receive a notice of disallowance on or before the end of the 180-day period, you have the right to file a lawsuit on your claim (or continue any lawsuit commenced before the appointment of the Receiver). Your lawsuit must be filed within 60 days after the date of the notice of disallowance by the Receiver OR within 60 days after the end of the 180-day period, **whichever is earlier**. You must file your lawsuit either in the United States District (or Territorial) Court for the District where the Failed Institution's principal place of business was located or in the United States District Court for the District of Columbia. The Receiver will not consent or agree to further administrative review of your disallowed claim. 12 U.S.C. 1821(d)(7)(A).

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**Note to Class Claimants:** By law, the Receiver will not accept a claim filed on behalf of a proposed class of individuals or entities or a class of individuals or entities certified by a court. EACH individual or entity must file a separate claim with the Receiver.

If you have any questions about this letter, please contact an FDIC Claims Agent at (972) 761-8677 or refer to the FDIC's website at [www.fdic.gov](http://www.fdic.gov).

FEDERAL DEPOSIT INSURANCE CORPORATION,  
AS RECEIVER FOR Signature Bank

Enclosures: Proof of Claim Form, Instructions

**CC:**

**Brian Murray; Glancy Prongay & Murray LLP; 230 Park Avenue; Suite 358; New York, NY 10169;  
Howard G. Smith; Law Offices of Howard G. Smith; 3070 Bristol Pike - Suite 112; Bensalem, PA  
19020**

## Instructions for filing Form FDIC 7200/19, Proof of Claim, and Supporting Documentation

**INSTRUCTIONS:** The following fields **MUST** be completed in order for your Proof of Claim (POC) to be considered. (The numbers correspond with those located on the Proof of Claim.)

1. **SSN/TAX ID NO.** The Claimant's tax identification number (if a company) or his/her Social Security Number (if an individual).
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3. **NAME OF THE CLAIMANT.** This is the person or entity actually making the claim. This may be you or another person or entity on whose behalf you are authorized to file the claim.
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### **REQUIRED SUPPORTING DOCUMENTATION**

- Claims for Goods Purchased by the Failed Institution: You must enclose a copy of the purchase order or other correspondence from the Failed Institution requesting the goods, a copy of your invoice, and a receipt signed by the Failed Institution (or other evidence) indicating that the goods were received.
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- Other Types of Claims: You must enclose a copy of documents that substantiate the nature and amount of the claim. While you may enclose a copy of the complaint that you filed with a court, this alone is not sufficient to establish your claim.

### **SUBMITTING YOUR CLAIM**

There are three ways to submit your claim:

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- Via mail to the following address: **600 North Pearl Street, Suite 700, Dallas, TX 75201** If you choose this option, we recommend you send it by U.S. certified mail or a commercial service that can provide you with a receipt of delivery. **Please do not send originals.**

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Page down to access form FDIC 7200/19





**Federal Deposit Insurance Corporation**

600 North Pearl Street, Suite 700, Dallas, TX 75201

Division of Resolutions and Receiverships

**June 01, 2023**

SENT VIA UPS

**ARADHANA CHOPRA  
C/O PHILLIP KIM, LAWRENCE ROSEN  
THE ROSEN LAW FIRM  
275 MADISON AVENUE - 40TH FLOOR  
NEW YORK, NY 10016**

**SUBJECT: 10540 – Signature Bank  
New York, NY – In Receivership  
Closing Date: March 12, 2023  
Claims Bar Date: July 17, 2023**

**NOTICE TO DISCOVERED CLAIMANT TO PRESENT PROOF OF CLAIM**

Dear Claimant:

On March 12, 2023 (the "Closing Date"), the **New York State Department of Financial Services** closed Signature Bank (the "Failed Institution") and appointed the Federal Deposit Insurance Corporation ("FDIC") as Receiver (the "Receiver").

The Receiver has discovered that you may have a claim against the Failed Institution. If you do not have a claim against the Failed Institution, please disregard this notice.

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**Your claim must be filed with the Receiver on or before the Claims Bar Date.**

**Filing After the Claims Bar Date:** Failure to file your claim on or before the Claims Bar Date will result in disallowance by the Receiver and the disallowance will be final. 12 U.S.C. 1821(d)(5)(C)(i).

**Time for Receiver to Determine Your Claim:** The Receiver has 180 days from the date it receives your claim to determine whether to allow or to disallow your claim.

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FEDERAL DEPOSIT INSURANCE CORPORATION,  
AS RECEIVER FOR Signature Bank

Enclosures: Proof of Claim Form, Instructions

## Instructions for filing Form FDIC 7200/19, Proof of Claim, and Supporting Documentation

**INSTRUCTIONS:** The following fields **MUST** be completed in order for your Proof of Claim (POC) to be considered. (The numbers correspond with those located on the Proof of Claim.)

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3. **NAME OF THE CLAIMANT.** This is the person or entity actually making the claim. This may be you or another person or entity on whose behalf you are authorized to file the claim.
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### **REQUIRED SUPPORTING DOCUMENTATION**

- Claims for Goods Purchased by the Failed Institution: You must enclose a copy of the purchase order or other correspondence from the Failed Institution requesting the goods, a copy of your invoice, and a receipt signed by the Failed Institution (or other evidence) indicating that the goods were received.
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**Federal Deposit Insurance Corporation**

600 North Pearl Street, Suite 700, Dallas, TX 75201

Division of Resolutions and Receiverships

**June 01, 2023**

SENT VIA UPS

**WAYNE COUNTY EMPLOYEES' RETIREMENT SYSTEM  
C/O JEREMY A. LIEBERMAN, EMMA GILMORE,  
J. ALEXANDER HOOD II, THOMAS H. PRZBYLOWSKI POMERANTZ LLP  
600 THIRD AVENUE - 20TH FLOOR  
NEW YORK, NY 10016**

**SUBJECT: 10540 – Signature Bank  
New York, NY – In Receivership  
Closing Date: March 12, 2023  
Claims Bar Date: July 17, 2023**

**NOTICE TO DISCOVERED CLAIMANT TO PRESENT PROOF OF CLAIM**

Dear Claimant:

On March 12, 2023 (the "Closing Date"), the **New York State Department of Financial Services** closed Signature Bank (the "Failed Institution") and appointed the Federal Deposit Insurance Corporation ("FDIC") as Receiver (the "Receiver").

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FEDERAL DEPOSIT INSURANCE CORPORATION,  
AS RECEIVER FOR Signature Bank

Enclosures: Proof of Claim Form, Instructions

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**Federal Deposit Insurance Corporation**

600 North Pearl Street, Suite 700, Dallas, TX 75201

Division of Resolutions and Receiverships

**June 01, 2023**

SENT VIA UPS

**MACOMB COUNTY RETIREE HEALTH CARE FUND  
C/O SAMUEL H. RUDMAN, DAVID A. ROSENFELD  
ROBBINS GELLER RUDMAN & DOWD, LLP  
58 SOUTH SERVICE ROAD - SUITE 200  
MELVILLE, NY 11747**

**SUBJECT: 10540 – Signature Bank  
New York, NY – In Receivership  
Closing Date: March 12, 2023  
Claims Bar Date: July 17, 2023**

**NOTICE TO DISCOVERED CLAIMANT TO PRESENT PROOF OF CLAIM**

Dear Claimant:

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FEDERAL DEPOSIT INSURANCE CORPORATION,  
AS RECEIVER FOR Signature Bank

Enclosures: Proof of Claim Form, Instructions

**CC:**

**Danielle S. Myers, Michael Albert; Robbins Geller Rudman & Dowd, LLP; 655 West Broadway - Suite 1900; San Diego CA 92101-8498;**

**Thomas C. Michaud; Vanoverbeke, Michaud & Timmony, P.C.; 70 Alfred Street; Detroit, MI 48201**

## Instructions for filing Form FDIC 7200/19, Proof of Claim, and Supporting Documentation

**INSTRUCTIONS:** The following fields **MUST** be completed in order for your Proof of Claim (POC) to be considered. (The numbers correspond with those located on the Proof of Claim.)

1. **SSN/TAX ID NO.** The Claimant's tax identification number (if a company) or his/her Social Security Number (if an individual).
2. **NAME OF PERSON COMPLETING THE PROOF OF CLAIM.** Self-explanatory.
3. **NAME OF THE CLAIMANT.** This is the person or entity actually making the claim. This may be you or another person or entity on whose behalf you are authorized to file the claim.
4. **AMOUNT OF CLAIM.** The dollar amount of the claim.
5. **DESCRIPTION OF CLAIM.** Detailed description of what is being claimed (e.g., the invoice number, type of service being claimed, account number, etc.). Additional information may be attached.
6. **SIGNATURE.** The signature of the person completing the POC. Include your title if you are filing this POC on behalf of the Claimant.
7. **DATE.** Date the form is signed.
8. **FIRM.** If you are filing this POC on behalf of the Claimant, include the name of your company or firm, if applicable.
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There are three ways to submit your claim:

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- Fax by calling a claims agent using the phone number in the enclosed letter.
- Via mail to the following address: **600 North Pearl Street, Suite 700, Dallas, TX 75201** If you choose this option, we recommend you send it by U.S. certified mail or a commercial service that can provide you with a receipt of delivery. **Please do not send originals.**

**NOTE:** If you choose to file by mail, it is very important that the Proof of Claim be the top document of your mailing. The bar code allows for the automated creation of your claim file when the Proof of Claim is read or scanned into our system. There is no need for a cover letter.

Page down to access form FDIC 7200/19



Claimant ID: Redacted ; Barcode Value: Redacted

Fund: 10540

**Federal Deposit Insurance Corporation  
as Receiver for  
Signature Bank, New York, NY**

**PROOF OF CLAIM**

1. SSN/Tax ID No. \_\_\_\_\_

2. The undersigned \_\_\_\_\_  
(Name of person completing the Proof of Claim)

hereby states that the subject Financial Institution, now in liquidation ("Failed Institution"), is indebted

3. to \_\_\_\_\_ (the "Claimant") in the sum of  
(Name of Claimant)

4. \$ \_\_\_\_\_

5. Description of Claim

--

The undersigned further states that no part of said debt has been paid, that the Claimant has given no endorsement or assignment of the same or any part thereof, and that there is no set-off or counterclaim, or other legal or equitable defense to said claim or any part thereof.

6. NAME \_\_\_\_\_ 7. DATE \_\_\_\_\_  
(Name, Title, and Signature of person completing the Proof of Claim )8. FIRM \_\_\_\_\_  
(if applicable)9. ADDRESS \_\_\_\_\_  
( City, State, and ZIP Code)

10. TELEPHONE NUMBER(S) \_\_\_\_\_

The penalty for knowingly making or inviting reliance on a false, forged, or counterfeit statement, document, or thing for the purpose of influencing in any way the action of the Federal Deposit Insurance Corporation is a fine of not more than \$1,000,000 or imprisonment for not more than 30 years or both (18 U.S.C. Section 1007).

**IMPORTANT NOTE:** The bar code at the top of this Proof of Claim is unique to this claim and may not be re-used for other claims which you may have or by other potential claimants. If you have other unrelated claims, you must file a separate Proof of Claim with its own unique bar code. Additional Proof of Claim forms may be found on the FDIC web site or obtained by mail at the respective addresses indicated in the Instructions. Re-use of this Proof of Claim may result in processing delays or the rejection of your claim.

**PRIVACY ACT STATEMENT**

The FDIC is authorized to request this information from you by 12 U.S.C. § 1819, 1821, and Executive Order 9397. The purpose for collecting the information is to support the administration of claims against the failed financial institution. Furnishing the requested information is voluntary, but failure to provide the requested information in whole or in part may delay or prohibit the processing of your claim. The information provided by individuals is protected by the Privacy Act, 5 USC 552(a). The information may be furnished to third parties as authorized by law or used according to any of the routine uses described in the FDIC Insured Financial Institution Liquidation Records (30-64-0013) System of Records. This System of Records is available for review at [www.fdic.gov/regulations/laws/rules/2000-4050.html#200030--64-0013](http://www.fdic.gov/regulations/laws/rules/2000-4050.html#200030--64-0013). If you have questions or concerns about the collection or use of the information, you may contact the FDIC's Chief Privacy Officer at [Privacy@fdic.gov](mailto:Privacy@fdic.gov).



**Federal Deposit Insurance Corporation**

600 North Pearl Street, Suite 700, Dallas, TX 75201

Division of Resolutions and Receiverships

**June 01, 2023**

SENT VIA UPS

**SHANKER BABU  
C/O ADAM APTON  
LEVI & KORSINSKY, LLP  
55 BROADWAY - 4TH FLOOR  
NEW YORK, NY 10006**

**SUBJECT: 10540 – Signature Bank  
New York, NY – In Receivership  
Closing Date: March 12, 2023  
Claims Bar Date: July 17, 2023**

**NOTICE TO DISCOVERED CLAIMANT TO PRESENT PROOF OF CLAIM**

Dear Claimant:

On March 12, 2023 (the "Closing Date"), the **New York State Department of Financial Services** closed Signature Bank (the "Failed Institution") and appointed the Federal Deposit Insurance Corporation ("FDIC") as Receiver (the "Receiver").

The Receiver has discovered that you may have a claim against the Failed Institution. If you do not have a claim against the Failed Institution, please disregard this notice.

**Published Notice/Claims Bar Date:** The Receiver has published a notice in one or more newspapers stating that the Failed Institution was closed and that any claims against the Failed Institution must be filed **on or before July 17, 2023** (the "Claims Bar Date").

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If you choose to file your claim via the mail, it is recommended that you send it by U.S. certified mail or a commercial delivery service that can provide you with a receipt of delivery.

To fax a claim you should contact a claims agent at the telephone number listed at the bottom of this letter to obtain a fax number.

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FEDERAL DEPOSIT INSURANCE CORPORATION,  
AS RECEIVER FOR Signature Bank

Enclosures: Proof of Claim Form, Instructions

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Page down to access form FDIC 7200/19





**Federal Deposit Insurance Corporation**

600 North Pearl Street, Suite 700, Dallas, TX 75201

Division of Resolutions and Receiverships

**June 01, 2023**

SENT VIA UPS

**BRIAN ANDREW PERGAMENT  
C/O JOHUA M. RUBIN, MARK DAVID SMILOW  
WEISS LAW  
305 BROADWAY - 7TH FLOOR  
NEW YORK, NY 10007**

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**CC:**

**Brian Murray; Glancy Prongay & Murray LLP; 230 Park Avenue; Suite 358; New York, NY 10169;  
Howard G. Smith; Law Offices of Howard G. Smith; 3070 Bristol Pike - Suite 112; Bensalem, PA  
19020**

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